

Bilaga 5 Studier som innefattar patienter med långvarig sjukdom och symtom, i den systematiska översikten av Stacey och medarbetare [1]

Reference	Results
Arterburn et al [2]	Decision aid compared to usual care: statistically-significantly less total decisional conflict; reductions in uptake of the more intensive surgical treatment by 14% to 58%, but the results were not statistically significant.
Auvinen et al [3]	Using intention-to-treat analysis, a reduction in the number of patients choosing major elective surgery in the group receiving the decision aid compared to usual care.
Barry et al [4]	Statistically-significant improvement in satisfaction with the decision-making process when patient decision aids were used compared to usual care; general health and physical function outcome scores were significantly better in the decision aid group compared to usual care for men considering treatments for benign prostatic disease; improvement in urinary symptoms in favour of the decision aid group, but not statistically significant.
Rovner et al [5]	No findings reported.
Bernstein et al [6]	No significant effects on condition-specific health outcomes (DS vs usual care); reductions in uptake of the more intensive surgical treatment by 14% to 58%, but the results were not statistically significant; no difference in satisfaction with the decision-making process when patient decision aids were used compared to usual care.
Davison et al [7]	None of the studies reported a statistically-significant difference between groups for decisions about cancer treatment (using the Control Preferences Scale, Degner 1992).
de Achaval et al [8]	No findings reported.
Deyo et al [9]	No difference between the detailed decision aid and simple decision aid groups; no significant differences according to most measures, except for back pain severity

	- for which improvement was shown, one year later, in the decision aid group; as for health care resource use, there was no difference in most services.
Phelan [10]	No findings reported.
Fraenkel [11]	Compared to usual care, significant improvements in people's satisfaction with their preparation for making decisions after using decision aids about management of knee osteoarthritis; statistically-significant improvement in confidence or self-efficacy with decision making in the decision aid compared to the usual care groups.
Goel [12]	A simple pamphlet describing options and outcomes of mastectomy versus lumpectomy was comparable to a detailed audio workbook for women newly diagnosed with breast cancer.
Hamann [13]	No findings reported.
Hamann[14]	"The way this study was reported did not allow us to include it in the meta-analysis." (Stacey et al 2014, p 12).
Hanson [15]	Of those exposed to the decision aid, a higher proportion compared to usual care reported having discussed the decision with their practitioner; a higher proportion described feeling involved (83% in DS group vs 77% in usual care group) but the difference between groups was not statistically significant.
Hess [16]	Statistically-higher mean OPTION scores (evaluating the extent of shared decision making) when patients were exposed to the decision aid (compared to usual care); this effect was greater when the decision aid was used within the clinical encounter; statistically-significant improvement in satisfaction with the decision-making process; adults presenting with chest pain in the emergency department who received the decision aid had significantly less stress testing done.
Kasper [17]	Both the patients exposed to a decision aid and the usual care group progressed in their decision making, with no

	difference between groups. "These findings were not included in the meta-analysis."(p 22)
Leighl [18]	No statistically-significant difference in the uptake of chemotherapy for adults with advanced colorectal cancer (decision aids compared to usual care); no significant effects on condition-specific health outcomes.
Loh [19]	A statistically-significant proportion of patients exposed to the decision aid (in the form of decision boards used primarily within the consultation) described feeling involved in decision making.
Mann [20]	No difference between groups when the decision aid was administered during the consultation, compared to if administered before the consultation; no difference in preference to be screened for diabetes in adults exposed to a decision aid compared to usual care.
Emmett[21]	Not a RCT.
Montgomery [22]	People exposed to the decision aid had higher satisfaction with their choice compared to usual care; no significant effect of decision aids over usual care on the initiation of medication for hypertension.
Montori [23]	Statistically-higher mean OPTION scores when patients were exposed to the decision aid, and this effect was greater when the decision aid was used within the clinical encounter; no statistically-significant improvement in satisfaction in patients with the decision-making process or with information provided, but clinicians had higher satisfaction; no significant effect of decision aids over usual care on the uptake of medication for osteoporosis treatment; a statistically-significant difference between groups, with adherence favouring the decision aid: 100 % of the participants in the decision aid group versus 74 % in the usual care group at 6 months had taken their medication on more than 80 % of the days for which it was prescribed.

Pencille [24]	No findings reported.
Morgan [25]	No statistically-significant improvement in satisfaction with the decision-making process or with information provided when patient decision aids were used compared to usual care; statistically-significant changes in surgery rates; no significant effects on condition-specific health outcomes.
Mullan [26]	Statistically-higher mean OPTION scores when patients were exposed to the decision aid compared to usual care, and this effect was greater when the decision aid was used within the clinical encounter; a higher proportion of people with type II diabetes started medications after exposure to the decision aid (33 %), compared to usual care (22 %); adherence rates favouring usual care (97, 5 % decision aid compared to 100 % usual care at 6 months) SIC.
Murray [27]	Non-significant five-fold increase in uptake of Prostatectomy; no difference in EQ-5D between the decision aid and usual care groups; no significant effects on condition-specific health outcomes; no significant difference between the groups in terms of health service resource use; a difference in costs, when the additional costs of interactive videodisc equipment was considered.
Holmes-Rovner [28]	Not a RCT.
Street [29]	Comparing detailed to simple decision Aids, no statistically-significant difference in surgery rates for mastectomy in women with breast cancer.
Thomson [30]	Patients in the usual care group (guided by practice recommendations) were much more likely to start warfarin compared to the decision aid group; no significant effects on condition-specific health outcomes; consultations about treatment for atrial fibrillation were 23 minutes longer when using a computerized decision aid with standard gamble method within the consultation

	compared to guideline driven consultation; no difference in general practitioner consultations was reported.
Vandemheen [31]	Significant improvements in people's satisfaction with their preparation for making decisions after using decision aids compared to usual care, in referral to a lung transplant centre; no difference in referral rates for consideration of lung transplant in people exposed to a decision aid versus usual care.
Watson [32]	Statistically significantly higher knowledge for those exposed to the decision aid compared to usual care; no significant difference in screening rates.
Jones [33]	No findings reported.
Nannenga [34]	No findings reported.
Weymiller [35]	A higher mean difference in knowledge when the decision aid was administered during the consultation, but not if administered before the consultation; a statistically-significant difference in the accurate perception of baseline risks in the group receiving a decision aid with probabilities compared to the usual care group, when the decision aid was administered during the consultation but not when it was administered before the consultation; the difference in accurate estimations of the potential absolute risk reduction with statin drugs was also statistically significant between the decision aid and usual care groups; this difference remained significant regardless of the timing of delivery; statistically-significantly less total decisional conflict; those exposed to the decision aid felt more informed; those exposed to the decision aid felt more clear about their values; statistically-higher mean OPTION scores when patients were exposed to the decision aid; this effect was greater when the decision aid was used within the clinical encounter; compared to usual care, those exposed to the decision aid had increased uptake of statins therapy; no difference in adherence to medication at three or six months; increased patient participation in the consultation

	for those exposed to the patient decision aid within the consultation compared to usual care.
Whelan [36]	No significant effect on preferences for adjuvant chemotherapy versus no chemotherapy for breast cancer. Statistically-significant changes in surgery rates: –74% for mastectomy; No statistically-significant difference between groups for decisions about cancer treatment.

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